

VIVA Voice

Fall-Winter 2020



For current information regarding VIVA HEALTH's coverage policies for coronavirus disease (COVID-19), please visit www.vivahealth.com/coronavirus.

In This Issue:

- VIVA MEDICARE – COVID-19 Updates
- Medicare's Annual Enrollment Period
- VIVA MEDICARE – Expanding to Huntsville Area in 2021
- HEDIS Season is Approaching
- VIVA MEDICARE – Acupuncture Coverage
- Improper Use of Modifiers 25 and 59
- 2021 Evaluation and Management (E/M) Code
- Metformin ER Recalls
- The Value of Your Data
- National Coverage Determination Rules
- VIVA MEDICARE - UAB, Medical West, St. Vincent's Health Systems Update
- Do Your VIVA MEDICARE Members Qualify for Help Paying for Medicare?
- Participating Lab Usage
- Provider Portal
- EFT Availability
- Holiday Schedule

VIVA MEDICARE – COVID-19 Updates

In response to the novel coronavirus (COVID-19) pandemic, VIVA MEDICARE has worked to provide members easy access to appropriate testing and health care during this difficult time, including:

- **Testing** - 100% coverage of federally or state-approved lab testing for the coronavirus on all plans when medically appropriate. No deductible, copayment, or coinsurance will apply to the lab test or to a related in-network office visit, urgent care center visit, or emergency department visit.
- **Telehealth** - Members can have telehealth visits from any location with any in-network provider who is providing medically appropriate covered services. VIVA MEDICARE members will not have a copayment for telehealth visits with an in-network provider through December 31, 2020.
- **Prescription refills** - On VIVA MEDICARE plans that include prescription drug coverage through VIVA MEDICARE, members can get early refills of their maintenance medications if needed. Members are encouraged to secure a 90-day supply of non-specialty maintenance medications available through most retail pharmacies. Home delivery from our mail-order pharmacy is available on all plans for most medications by contacting CVS/Caremark at 866-788-5146.
- **Treatment** - If a member requires hospitalization for the treatment of COVID-19, inpatient hospital treatment will be covered at 100% on all VIVA MEDICARE plans through December 31, 2020.

Our members' health is our top priority. We want to keep your patients as informed and protected as possible during the COVID-19 pandemic. For the most up-to-date information on testing, symptoms, and benefits coverage related to COVID-19, please continue to visit our website www.vivaprovider.com and like VIVA HEALTH and/or VIVA MEDICARE on social media.

Medicare's Annual Enrollment Period is Here!

Medicare's Annual Enrollment Period (AEP) started October 15th and ends December 7th. This is the time of year when your patients should review their health and drug coverage and make a decision about their coverage for the upcoming year.

Here are a few things your patients should consider when choosing a Medicare plan:

- ✓ Are all of my doctors in the plan's provider network?
- ✓ Are all of my medicines covered?
- ✓ What are the costs for the services I use most often?
- ✓ Does the plan require a referral for me to see a specialist?
- ✓ What is the monthly plan premium?
- ✓ Does the plan offer emergency coverage if I travel outside the United States?
- ✓ What do other people think of the plan and how is it rated?

If you think VIVA MEDICARE would be a good fit for any of your patients, please have them contact VIVA MEDICARE directly at **1-888-830-VIVA (8482)**. They can call and speak to someone right here in Alabama seven days a week from 8 a.m. to 8 p.m. TTY users can call 711. You can also tell your patients about VIVA MEDICARE's group meetings, available online and in convenient locations across our service area. Your patients can attend an online or in-person group meeting to get expert advice and easy-to-understand answers to all their Medicare questions. Patients should call **1-888-830-VIVA (8482)** for information on the group meetings, dates, and locations.

The Annual Enrollment Period is followed by the Open Enrollment Period, beginning January 1st and ending March 31st. During this period, members in a Medicare Advantage plan have a one-time opportunity to switch to another Medicare Advantage plan or disenroll from their current plan and obtain coverage through Original Medicare. As always, VIVA MEDICARE is here to help with any questions about the Medicare enrollment process.

VIVA MEDICARE Expanding to Huntsville Area in 2021

VIVA MEDICARE is excited to add Limestone, Madison, and Morgan Counties to our service area beginning January 1, 2021. Through a partnership with Huntsville Hospital Health System, VIVA MEDICARE will be offering three new plans to residents in these North Alabama counties. VIVA MEDICARE *Classic* (HMO), VIVA MEDICARE *Preferred* (HMO), and VIVA MEDICARE *Extra Care* (HMO SNP) will offer many of the same money-saving benefits that Alabama residents across the state have come to enjoy and expect from VIVA MEDICARE. Enrollment for these plans begins during the Annual Enrollment Period which started October 15, 2020. We look forward to serving members and growing relationships with providers in this area!

Healthcare Effectiveness Data and Information Set (HEDIS) Season is Approaching

VIVA HEALTH's contract with the Centers for Medicare & Medicaid Services (CMS) requires us to perform annual chart audits. From January to May, we conduct an intensive HEDIS review that requires collecting medical record documentation on thousands of our members which directly impacts our CMS Star Rating. As a reminder, disclosure of patient information for these purposes does not require patient authorization as these are permitted disclosures under HIPPA for payment, treatment, and healthcare operations. As always, we value your participation with VIVA HEALTH and appreciate your willingness to allow our staff to access our members' medical records.

VIVA MEDICARE - Acupuncture Coverage

Effective January 1st, 2020, VIVA MEDICARE began providing acupuncture coverage for chronic Low Back Pain (cLBP) for all VIVA MEDICARE plans when specific criteria is met as described below.

Coverage is provided for up to 12 visits in 90 days and an additional eight visits are covered for members demonstrating improvement. If the member is regressing or not showing improvement, treatment must be discontinued. No more than a total of 20 acupuncture visits will be covered annually. Acupuncture treatment (including dry needling) for any other condition other than cLBP is non-covered. Chronic Low Back Pain is defined as:

- Lower back pain lasting 12 weeks or longer
- Non-specific, in that it has no identifiable systemic cause (e.g., not associated with metastatic, inflammatory, infectious, etc. disease)
- Lower back pain not associated with surgery
- Lower back pain not associated with pregnancy

Acceptable CPT codes are 97810, 97811, 97813, 97814, 20560, and 20561. Acupuncture services can be provided by physicians, physician assistants, nurse practitioners, and chiropractors meeting Medicare educational requirements and state requirements, including an unrestricted license to practice acupuncture in the state. A KX modifier must be submitted for the additional eight visits. By applying the KX modifier to the claim, the provider is confirming the additional services are medically necessary as justified by appropriate documentation in the medical record.

IMPROPER USE OF MODIFIERS 25 AND 59

Two of the most improperly-used modifiers are modifiers 25 and 59. Modifier 25 is a *significant, separately identifiable evaluation and management (E/M) service by the same physician on the same date of the procedure or other service*. Modifier 59 is used to indicate *that a procedure or service was distinct or independent from other services performed on the same day*. Not surprisingly, these are also the most abused modifiers.

In 2005, the Centers for Medicare & Medicaid Services (CMS) did a study and found that 35% of Medicare claims for modifier 25 did not meet Medicare program requirements. Sometimes, the code is billed out of ignorance and other times, the misuse is deliberate and reckless. In the case of deliberate and reckless misuse, providers can be found liable for triple damages, huge fines, and even possible criminal charges.

Providers should be aware of what modifiers are being affixed to claims. The misuse of these modifiers can cause overpayments by CMS and insurance carriers. If the modifiers 25 or 59 are affixed to most of your E/M codes or other types of services, the provider should question and review these claims to ensure the modifiers are being utilized appropriately. The overuse of these modifiers to E/M codes is a red flag to auditors and investigators. Although it is not wrong to affix the modifiers to claims, modifiers should be affixed only when appropriate and justified.

VIVA MEDICARE - 2021 Evaluation and Management (E/M) Code Changes

AMA's current CPT code set includes guidelines on using patient history, clinical examination, and medical decision-making (MDM) to determine the correct level of E/M codes. The guidelines also offer information on how to use time to select E/M codes when counseling, coordination of care, or both make up more than 50% of the service time. Effective January 1, 2021, new patient codes 99202-99205 will no longer require the three key components or reference typical face-to-face time. Instead, each service includes "a medically appropriate history and/or examination," and code selection will be based on the MDM level or total time spent on that date. The tables below show the requirements for the new patient E/M codes.

Evaluation and Management (E/M) Quick Reference 2021					
<i>E/M level is based off total time or MDM. For MDM, there are three elements; two out of three must be met to justify the level.</i>					
Code		History & Exam	*MDM	**Total Minutes	
Established	99211	N/A	N/A	N/A	
New	99202	Medically appropriate	Straightforward	15-29	
Established	99212			10-19*	
New	99203		Low	30-44	
Established	99213			20-29	
New	99204		Moderate	45-59	
Established	99214			30-39	
New	99205		High	60-74	
Established	99215			40-54	
<i>99211 can be performed by clinical staff with supervision of physician or other qualified healthcare professional.</i>					
<i>*For determination of MDM, please see back of card.</i>					
<i>**For each additional 15 minutes beyond total time of the primary E/M service code 99215 or 99205, the new prolonged visit code 99XXX may be used as an add-on code to capture the entire time spent providing services.</i>					

The 2021 MDM table will have three main columns with the final column divided into three additional columns:

- Code
- Level of MDM (Based on two out of three Elements of MDM)
- Elements of Medical Decision Making
- Number and Complexity of Problems Addressed
- Amount and/or Complexity of Data to be Reviewed and Analyzed
- Risk of Complications and/or Morbidity or Mortality of Patient Management

Elements of MDM (Medical Decision Making)			
Level of MDM	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data Reviewed and Analyzed	Risk of Complications and Morbidity or Mortality of Patient Management
Straightforward	1 self-limited or minor	Minimal or none	<i>Minimal risk</i>
Low	<p><u>Any 1</u></p> <ul style="list-style-type: none"> • 2 or more self-limited • 1 stable chronic illness • 1 acute, uncomplicated illness or injury 	<p><u>(Must meet 1 of the 2 categories)</u> Category 1: Tests and documents (any combo of the 2)</p> <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source • Ordering of each test <p>or</p> <p>Category 2: Assessment requiring an independent historian(s)</p>	Low risk
Moderate	<p><u>Any 1</u></p> <ul style="list-style-type: none"> • 1 or more chronic illnesses with exacerbation, progression, or side effects. • 2 or more stable chronic illnesses • 1 undiagnosed new problem w/uncertain prognosis • 1 acute illness with systemic symptoms • 1 acute complicated injury 	<p><u>(Must meet 1 out of 3 categories)</u> Category 1: Tests, documents, or independent historian (any combo of 3):</p> <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source • Ordering of each test • Assessment requiring an independent historian(s) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <p>or</p> <p>Category 3: Discussion of management or test interpretation</p>	<p>Moderate risk: Examples only:</p> <ul style="list-style-type: none"> • Prescription drug management • Minor surgery w/identified risk factors • Elective major surgery w/o risk factors • Dx or treatment significantly limited by social determinants of health
High	<p><u>Any 1</u></p> <ul style="list-style-type: none"> • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; • 1 acute or chronic illness or injury that poses a threat to life or bodily function 	<p><u>(Must meet 2 out of 3 categories from moderate level)</u> Category 1: Tests, documents, or independent historian (any combo of 3)</p> <p>or</p> <p>Category 2: Independent interpretation of tests</p> <p>or</p> <p>Category 3: Discussion of management or test interpretation</p>	<p>High risk: Examples only:</p> <ul style="list-style-type: none"> • Drug therapy requiring intensive monitoring for toxicity • Major surgery w/ identified risk factors • Emergency major surgery • Hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

Keeping Your Patient Healthy During the Metformin ER Recalls

Drug recalls are initiated by the Food and Drug Administration (FDA) as a means to keep people out of harm's way. It is important to understand the background of these drug recalls and the steps to take to ensure patients have access to safe medications after a recall has been announced. Recently, the FDA has recommended recalling some metformin extended-release (ER) products, as they were found to contain an impurity.

While recalls are significant and should be taken seriously, it is also important to help ensure a recall does not cause an unnecessary gap in therapy for patients. When learning about recalls, patients may misunderstand the information and stop therapy due to fear, causing non-compliance. Since metformin is one of the most common medications to treat diabetes mellitus type 2, non-compliance may lead to poorly controlled blood sugars and a number of health consequences. As a prescriber, there are ways you can ensure the metformin ER drug recall does not negatively impact your patients.

- **Investigation**
 - If a patient is concerned their metformin is a part of the recall, contact their dispensing pharmacy. The pharmacy will be able to review if the dispensed medication has been recalled.
- Switch to a product with a **different manufacturer**
 - Since not all metformin ER products have been recalled, speak with the pharmacy about dispensing a drug from a different manufacturer not involved in the recall. Remind your patient that only some of the metformin ER products were recalled and there are others on the market free of impurities.
- Switch to a product with a **different formulation**
 - Some patients may hesitate to use any metformin ER products. If this is the case, prescribe a metformin immediate release (IR) product since these products have not been recalled.

While recalls are meant to keep patients safe, it is vital we ensure these recalls do not cause patients to go without their safe and effective medications. Consider taking the time to discuss the recent metformin ER recalls with your patients who are potentially affected. Ensure patient concerns have been addressed and that, most importantly, your patient has access to safe medication.

To review specific metformin products involved in the recall, you can utilize this search engine from the FDA: <https://www.fda.gov/drugs/drug-safety-and-availability/search-list-recalled-metformin-products>

The Value of Your Data

Data is a driving force in the world. In the past few months as businesses have had to restructure due to the pandemic, data and the protection and value of data have become increasingly more significant.

The value of data can be seen in the amount of breaches happening in the health care sector, from business email compromises (through Phishing) to hospitals having their data held for ransom. In 2019 alone, 41.4 million records were breached and the average cost of a medical record for sale on the dark web was \$1,000.

The end of 2019 saw a host of ransomware attacks. Several hospitals were hit with a ransomware attack that forced them into diversion and made them launch emergency procedures.

A breach of health care data can come with a big price tag, not to mention potential lawsuits and reputational harm. The average cost of a health care breach in 2019 was \$6.45 million. In 2020, that number increased to \$7.13 million – that's more than a 10% rise.

The value of data is not just what a person is willing to pay for it; it's also what that data means to the organization or the human beings affected by the stolen data. Safeguarding data and its value is everyone's responsibility. For HIPPA, privacy, and security resources, visit <https://www.ama-assn.org/practice-management/hipaa/hipaa-privacy-security-resources>. So Do Your Part. #BeCyberSmart

<https://www.fiercehealthcare.com/tech/average-cost-healthcare-data-breach-rises-to-7-1m-according-to-ibm-report>

<https://newsroom.ibm.com/2020-07-29-IBM-Report-Compromised-Employee-Accounts-Led-to-Most-Expensive-Data-Breaches-Over-Past-Year>

National Coverage Determination Rules

National Coverage Determination Rules (NCDs) set forth the extent to which Centers for Medicare and Medicaid Services (CMS) will cover specific services and procedures on a national basis. Starting November 2020, VIVA MEDICARE will be implementing automated NCD guidance within our claims guidelines. For a complete list of NCDs, please visit: <https://www.cms.gov/medicare-coverage-database/indexes/ncd-alphabetical-index.aspx>.

VIVA MEDICARE - UAB, Medical West, St. Vincent's Health Systems Update

VIVA MEDICARE members who have selected a PCP in the UAB, Medical West, or St. Vincent's East (includes East, Birmingham, Blount, Chilton and St. Clair) provider systems as of January 1, 2021 will be able to see specialists affiliated with any of these hospital systems. The member's identification card will reflect this network change and will have a green stripe. The member does not require a referral to see a specialist within these provider systems. These members may also access hospital care at any of these hospital systems with prior authorization.

Do Your VIVA MEDICARE Members Qualify for Help Paying for Medicare?

At VIVA MEDICARE, we want to help our members get more value for their health care dollar. If a member's income is less than \$1,615/month as an individual or \$2,175/month as a couple, then he or she may qualify for assistance from the state of Alabama in paying for their Medicare Part B premium and other Medicare expenses.

If you have a VIVA MEDICARE member as a patient who may fall below these income limits and is not already receiving assistance, have them call VIVA MEDICARE to find out what resources may be available. The number to call is **1-888-830-8482** (toll-free). TTY users dial 711. Our experienced agents are ready to assist 8am - 8pm, 7 days a week (Apr 1 - Sept 30: 8am - 8pm, Mon - Fri).

When a member qualifies for this assistance from the state, they also qualify for the VIVA MEDICARE *Extra Value* (HMO SNP) plan. This plan is just for people who have both Medicare and Medicaid or a Medicare Savings Program and comes with extra benefits at a \$0 premium.

The VIVA MEDICARE *Extra Value* plan includes:

- ✓ \$0 doctor visits
- ✓ \$2,250 to spend on dental services each year
- ✓ \$150 to spend on eyeglasses or contacts each year
- ✓ \$125 to spend on over-the-counter items each quarter
- ✓ 24 one-way rides (12 round trips) to or from the doctor or dentist each year
- ✓ Lowest prescription drug costs available through Medicare

Depending on a member's level of assistance from the state, he or she could have no medical copays at all on the *Extra Value* plan.

We are here to help your patients get the most out of Medicare. Thank you for your support and assistance!



Participating Lab Usage

VIVA HEALTH is dedicated to working with you to ensure quality care is provided at the lowest cost possible to our members. We need your help to continue this effort. According to your provider contract, you should only refer patients to participating providers, including lab services. **If you use a non-par lab, look for communication from VIVA HEALTH regarding a change in our policy that may negatively impact your fee schedule.** Our participating laboratories are as follows:

Accupath Diagnostic/US Labs
Alimetrix
American Esoteric Laboratories
Associated Pathologists
Assurance Scientific Laboratories
Assurex Health
Compass Lab
Cunningham Pathology
Diatherix Laboratories
GeneDX
Labcorp
Lister Healthcare/Lister Lab
Millennium Laboratories
Myriad Genetics Laboratories
Neogenomics
Pathgroup Labs
Quest Diagnostics
Regional Biomedical Lab
Sequenom Center for Molecular Medicine
Southeast Clinical Laboratories
Southern Lab Partners
Synergy Laboratories
Total Renal Laboratories
*All participating hospital laboratories

Provider Portal Setup

The Provider Portal is a secure web-based application designed to give providers quick access to member eligibility, authorization status, and claim payment information. PCPs are also able to view quality measures and initiate authorizations for diabetic supplies. For setup, visit www.vivaprovider.com and select Provider Portal. Complete and submit the Provider Portal online registration form. Provider Customer Service will contact you with a secured login ID and password within 3-5 business days. For password resets or reactivations, please email vivaproviderportal@uabmc.edu or contact Provider Customer Service directly at 205-558-7474.

EFT Availability

VIVA HEALTH has selected Change Healthcare as its electronic payment and remittance administrator. There is no cost to you to use Change Healthcare ePayment. Enrollment is simple and free!

With ePayment, you can accelerate your reimbursement cycle, eliminate manual processes like sorting and opening mail, reconciling paper-based claims payments, creating deposit tickets, and making trips to the bank.

Enroll today with Change Healthcare ePayment

You can switch from paper to electronic payments by submitting an ePayment enrollment authorization by mail, email or fax.

Medical Providers: Change Healthcare Payer ID: 63114

To enroll by mail, email, or fax, download the enrollment form at

- ChangeHealthcare.com/eft
- Call **866.506.2830**
- Fax 615.238.9615
- Enroll by email, send completed PDF form to: EFTenrollment@changehealthcare.com

Holiday Schedule

Thursday, November 26th, 2020 (Thanksgiving Day): Closed

Friday, November 27th, 2020 (Day after Thanksgiving): Closed

Thursday, December 24th, 2020 (Christmas Eve): Closed

Friday, December 25th, 2020 (Christmas Day): Closed

Thursday, December 31st, 2020 (New Year's Eve): Closed

Friday, January 1st, 2021 (New Year's Day): Closed

Monday, January 18th, 2021 (Martin Luther King Jr. Day): Closed



Important VIVA HEALTH
plan information.

PRSRT STD
US POSTAGE
PAID
BIRMINGHAM, AL
PERMIT NO. 2061

417 20th Street North
Suite 1100
Birmingham, Alabama 35203

